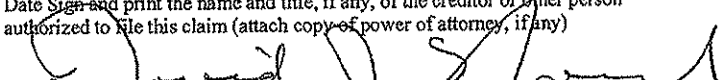


## **EXHIBIT B**

<b>United States Bankruptcy Court</b> Southern District of New York Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90245		<b>Administrative Expense Claim Request</b>	
Debtor against which claim is asserted  Delphi Corporation, et al. 05-44481 Delphi Automotive Systems LLC 05-44640		<b>Case Name and Number</b> In re Delphi Corporation., et al 05-44481 Chapter 11, Jointly Administered	
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i>  Cooper-Standard Automotive FHS Inc., on behalf of itself and its subsidiaries  Name and Address Where Notices Should be Sent  c/o Ralph E. McDowell Bodman LLP 1901 St. Antoine Street 6 <sup>th</sup> Floor at Ford Field Detroit, MI 48226  Telephone No. (313) 393-7592		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b>		Check here if this claim <input type="checkbox"/> replaces - <input type="checkbox"/> amends a previously filed claim, dated:	
<b>1. BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes from to <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. DATE DEBT WAS INCURRED</b> Various Dates		<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>	
<b>4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$301,253.01</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>5. Brief Description of Claim (attach any additional information):</b> Amounts owing to Debtors for goods sold after June 1, 2009			
<b>6. CREDITS AND SETOFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>7. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".			
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 11/4/2009		Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  David J. Nowaczewski, counsel for Cooper-Standard Automotive FHS Inc.	